



**BUREAU OF
 BUSINESS MANAGEMENT
 DIVISION OF PROCUREMENT SERVICES**
 2600 Bull Street
 Columbia, SC 29201-1708
 Telephone: (803) 898-3501 Fax: (803) 898-3505
<http://www.scdhec.net/procurement>

REQUEST FOR PRICE QUOTATION**THIS IS NOT AN ORDER**

Quotation must be received by Date: October 14, 2008 Time: 2:30 p.m. E. T.	Mail or fax quotation to above address to ATTN.: Wayne A. Tesh, Jr. <i>Wayne A. Tesh, Jr.</i>	Solicitation number: RFQ-34954-10/14/2008-WAT	Date issued: October 3, 2008
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Description: Provide printing of DHEC Patient Care Form #1050

NOTE: SEE ATTACHED SHEETS FOR SPECIFICATIONS, BIDDING SCHEDULE, PROVISIONS AND CLAUSES

MUST BE SIGNED TO BE VALID

I certify that this bid is made without prior understanding, agreement or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder. I agree, if this quotation is accepted within 60 days from date of closing, to furnish any and all items/services at the prices quoted.

Authorized Signature		Printed Name		Date Signed
Company			Social Security or Federal Tax Number	
Mailing Address			Area Code and Phone Number	
City	State	Zip Code	Toll Free Phone Number	
E-mail Address			Fax Number	

PURPOSE and SCOPE OF WORK: Printing of DHEC 1050 Patient Care Form

SPECIAL CONDITIONS

1. **AWARD:** The contract will be awarded by total to the lowest responsible and responsive bidder.
2. **REQUEST FOR QUOTATION:** The quotation must be received by DHEC-Procurement Services by October 14, 2008 by 2:30 p.m. ET
3. **SHIP TO:** S. C. Department of Health and Environmental Control, Columbia, SC
4. **FAXED QUOTATION:** A faxed quotation is acceptable. The fax number is 803-898-3505.
5. **INVOICING:** Invoice must be itemized and sent to: S.C. Department of Health and Environmental Control; Finance Division; 2600 Bull Street; Columbia, SC 29201-1708.
6. **CONTACT PERSON:** The contact person for this solicitation is: Wayne A. Tesh, Jr., Procurement Officer
Bureau of Business Management; Procurement Services (803) 898-3484
7. **PROOF:** A proof must be submitted to the procurement official for proper approval prior to printing of the forms.
8. **MODIFICATIONS:** Any modification must have prior approval from the procurement official before proceeding with the project.
9. **PRINTING GUIDELINES:** All printing guidelines referenced in the South Carolina Government Printing Services Manual, dated, January 1, 1998, shall apply.
10. **OVERRUNS/UNDERRUNS:** Overruns or underruns will be based on the quantity ordered and shall not exceed 1.0%. DHEC will only pay for overruns up to 1%.

SPECIFICATIONS AND BIDDING SCHEDULE:

500,000 sets DHEC 1050 DHEC Patient Care Form.

Printing of three-part snap-set carbonless form, which includes tumble-back-printing, marginal identification, "crash" serial numbering, and specific screened/reverse printed areas.

Composition will be supplied by SC-Department of Health & Environmental Control on a PC-formatted PDF, output on a CD-R. The Successful Vendor must supply a standard grade "NCR" or equivalent paper, however, DHEC reserves the option to require a sample of paper-stock prior to initial production. Any documented defects in materials and/or workmanship must be replaced promptly, at no cost to DHEC. The Successful Vendor will be responsible for contacting the DHEC Representative with delivery status prior to each scheduled delivery to provide internal coordination of storage space. A printer's proof is required prior to actual production. Please note special packaging requirements and multiple delivery dates.

See State of S.C. Forms Specification Sheet on page 3 and Explanation of Detail in SC Printing Specification Sheet on page 4 for additional specifications. See illustration of form page 5

All forms are to be printed at one time and a one-time payment will be made for the 500,000 forms, to include all delivery and storage charges.

U.S. End Product? (Y/N) _____ S.C. End Product? (Y/N) _____

Unit Price Per Thousand sets: \$ _____

Delivery Date: _____

The first shipment of 125,000 sets is needed within two weeks of Award, or no later than Monday, November 24, 2008. All other subsequent shipments must occur within approximately three months following initial delivery, or no later than the dates as listed herein.

TOTAL BID PRICE : \$ _____

STATE OF S.C. FORMS SPECIFICATION SHEET

WAT

The S.C. Government Printing Services Manual (1-1-98) shall be made part of all Printing Procurements by reference.

Vendor _____ Authorized Signature _____

☒ SEE ATTACHED SPECIFICATIONS.

AGENCY NAME SC Department of Health & Environmental Control				DELIVERY DATE REQUIRED See solicitation *		INSIDE <input type="checkbox"/> DELIVERY		DATE COPY WILL BE READY FOR PICKUP BY CONTRACTOR Upon award of contract											
QUANTITY ORDERED *			NO. PARTS 3		FORM NUMBER DHEC 1050 (01/2004)		TITLE OR DESCRIPTION OF FORM AS IT IS TO APPEAR ON CTNS & SHIPPING PAPERS DHEC PATIENT CARE FORM												
<input type="checkbox"/> Continuous <input type="checkbox"/> Mailer <input checked="" type="checkbox"/> Snap Set <input type="checkbox"/> Other				COMPOSITION				SPECS		PROOFS		CARBON DUMMY		ARTWORK					
				New	Exact	Disk	Camera Ready	Changed	Rev	Exact	Yes	No	Yes	No	Screens	Reverses	Logos	Other	
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
P A R T	Overall Size Including Stub		Stub Size		Paper Specification			Carbon Size Overall Width For Continuous Forms. Length From Stub Perf For Snapshots											
			Left	Right	Color	WT.	Kind	Ink Specifications				Copy		No. Of Extra Perfs H V P	Marginal Words Or Designating Numbers	C A R B O N	B E E N		
	Top	Bottom	PRIM.	SEC				Back Printing	Front Copy As	Backer Copy As	Ink Color	red							
	WIDTH	LENGTH	<input checked="" type="checkbox"/>	<input type="checkbox"/>															
	1	8-1/2	11-5/8	5/8		white	15	CB	blk	none	none	1	none				EMS PROVIDER COPY		
	2	8-1/2	11-5/8	5/8		canary	14	CFB	blk	none	blk **	1	2				RECEIVER'S COPY	1	2
	3	8-1/2	11-5/8	5/8		pink	15	CF	blk	none	blk **	1	2				DHEC COPY	2	3
	4																	3	4
	5																	4	5
	6																	5	6
7																	6	7	
8																	7	8	
9																	8	9	
10																	9	10	
Numbering		From: 000,001			To: 600,000			No. Of Positions 1 (lwr right)		Color red		Guaranteed <input checked="" type="checkbox"/>		List Missing <input type="checkbox"/>		MICR Specifications <input type="checkbox"/> Press <input checked="" type="checkbox"/> Crash <input type="checkbox"/> Static Only <input type="checkbox"/> Static & Consecutive			
Punching		position	No. Of Holes	Diameter	C To C	Edge Of Paper To Center Of Hole		Punch Parts		Press <input type="checkbox"/>		Drill <input type="checkbox"/>		Special Punching					
Continuous Forms		Marginal Punching		Marginal Perfs		Crimp		Glue		Forms Handling Equipment (Specify Name & Model No.)				Characters Per Inch (Across)		Lines Per Inch (Down)			
		Left	Right	Left	Right	Left	Right	Left	Right										
		Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Printer	Deleaver	Burster					
Carbon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Book Binding Or Padding		Stub		Type Of Cover		Covers Printed		Ink Color		Quantity Book Or Pad		Packaging Specifications							
		<input type="checkbox"/> Left <input checked="" type="checkbox"/> Top	<input type="checkbox"/> Right <input type="checkbox"/> Bottom	<input type="checkbox"/> Triad <input type="checkbox"/> Wrap Around			<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> STD <input checked="" type="checkbox"/> SPL							
Agency Contact See solicitation								Phone Number See solicitation											

☒ ALL COPY, PROOFS, ETC. MUST BE PICKED UP AND DELIVERED IN PERSON BY A CONTRACTOR REPRESENTATIVE WHO IS KNOWLEDGEABLE AND CAPABLE OF DISCUSSING THE CONTRACT.

SPECIAL INSTRUCTIONS: See Addendum for more complete information:
Spec Prepared: 10/01/2008/RPW

AGENCY PROPERTY: All mechanicals, disks, or other related materials provided by the Agency to the Successful Vendor in the production of this form remain property of South Carolina Department of Health & Environmental Control and must be returned to Agency Representative at completion of project, prior to payment.

SUCCESSFUL VENDOR PICK UP OF COMPLETED ARTWORK OR COMPTUER FILES: Following award of contract or date specified within the solicitation, unless otherwise indicated, the Vendor will be responsible for arranging pick up of completed artwork, mechanicals, computer disks, or other related materials by appointment with Ms. Libby Gamble, 803-898-3866, SC-Department of Health & Environmental Control Communication Resources Center, 2600 Bull Street, Room 1500, Columbia, SC.

1. For release of the materials, the Vendor must reference current purchase order.
2. SC Department of Health & Environmental Control is not responsible for mailing, shipping or faxing any materials to Vendor.
3. All Visitors must enter/register at the Sims/Aycock lobby, and shall be assigned a temporary pass for use while inside the facility.
4. Visitors' parking area is located at front of Sims/Aycock Complex, on Bull Street.

PAPER SAMPLE REQUIREMENTS: At the option of SC-DHEC, prior to production, a sample of paper offered may be required. The sample must be provided in a timely manner, not to exceed ten workdays, and will be used for evaluation purposes, without additional charge to Agency.

NOTIFICATION OF AGENCY CONTACT PERSON: Following establishment of this contract by the Procurement Specialist, Ms. Taffney Hooks, Division of EMS, 803-545-4204, will serve as Agency Representative regarding delivery of this product. The Successful Vendor will be responsible for notifying the Agency Representative prior to each scheduled shipment with the vendor's tentative delivery status. The Agency Representative will immediately alert the Agency Warehouse Manager, to facilitate storage preparation for the incoming shipment.

EXPLANATION OF DETAILS FROM THE STATE OF S.C. FORMS SPECIFICATION SHEET (Page 3 of the solicitation)

* Delivery Date Requirements

The anticipated total of this contract is 500,000 sets.

Due to the critical nature of this form, the Successful Vendor is urged to produce the first shipment within two weeks of Award, or no later than Monday, November 24, 2008. All other subsequent shipments must occur within approximately three months following initial delivery, or no later than the dates as listed herein.

<u>Delivery Date</u>	<u>Quantity sets</u>
November 24, 2008	125,000
January 23, 2009	125,000
May 25, 2009	125,000
August 24, 2009	<u>125,000</u>
Total	500,000

** Parts 2 and 3 contain tumble-back-printing and screening.

Flex-printing will not be accepted.

A pre-production printer's proof of the entire composition is mandatory.

The words PRESS FIRMLY must appear on stub in black ink.

The serial numbering will be red ink on top layer only, with remaining layers as "crash" numbering.

***Packaging

1. New pasteboard boxes and cartons must be supplied.

All boxes and cartons must be of suitable quality for mailing purposes, containing a minimum thickness of .046" gauge pasteboard.

2. Completed printing must be supplied 1,000 total sets per carton.

Each carton must consist of 4 boxes within, 250 sets per box.

Shrink-wrap or brown paper-wrap will not be accepted as substitution for boxes.

3. Cartons must be numbered and pallet-stacked in reverse order for ease in field distribution.

DHEC PATIENT CARE FORM

Q.A. NO.

TRIP NO.

PATIENT IDENTIFICATION (Please Print)			DISPOSITION (110-111)		TYPE OF INCIDENT		CALL TYPE		PATIENT STATUS		
LAST NAME (10-20) FIRST NAME (30-45) MI (46)			01 <input type="checkbox"/> TREAT/NO TRANS.		TRAUMA (112) MEDICAL (113)		TO SCENE (114)		ON SCENE (115) FROM SCENE (116)		
STREET (47-71) APT. #			02 <input type="checkbox"/> DOA AT SCENE		1 <input type="checkbox"/> MVA 1 <input type="checkbox"/> ENVIRON		1 <input type="checkbox"/> EMERGENCY		1 <input type="checkbox"/> URGENT		
CITY (72-87) STATE (88-90) ZIP CODE (90-94)			03 <input type="checkbox"/> HOSPITAL ER		2 <input type="checkbox"/> MC 2 <input type="checkbox"/> BEHAV		2 <input type="checkbox"/> NONEMERGENCY		2 <input type="checkbox"/> NON URGENT		
SSN (95-103)			04 <input type="checkbox"/> HOSP. DIR ADMIT		3 <input type="checkbox"/> BIKES 3 <input type="checkbox"/> OB/GYN		CODE		CODE		
SEX (104) RACE (105) AGE (106-109)			05 <input type="checkbox"/> PATIENT'S HOME		4 <input type="checkbox"/> PED 4 <input type="checkbox"/> RESP		INCIDENT LOCATION		ST. OR HWY. NAME OR NO		
1 <input type="checkbox"/> Male 1 <input type="checkbox"/> White CHECK ONE			06 <input type="checkbox"/> NURSING HOME		5 <input type="checkbox"/> ASSAULT 5 <input type="checkbox"/> CARDIAC		County (117-118) Zip Code (119-123)		CITY		
2 <input type="checkbox"/> Female 2 <input type="checkbox"/> Black			07 <input type="checkbox"/> DR.'S OFFICE		6 <input type="checkbox"/> FALL 6 <input type="checkbox"/> INTERFAC		SAFETY EOP (124)		SITE OF INCIDENT (125)		
3 <input type="checkbox"/> Hispanic 3 <input type="checkbox"/> Asian			08 <input type="checkbox"/> OUTPATIENT		7 <input type="checkbox"/> FIRE 7 <input type="checkbox"/> OTHER		1 <input type="checkbox"/> Swat/Batt 4 <input type="checkbox"/> Child Seat		1 <input type="checkbox"/> ROADWAY 4 <input type="checkbox"/> RECREATIONAL		
4 <input type="checkbox"/> Other 4 <input type="checkbox"/> Other			09 <input type="checkbox"/> PT. REFUSED TREAT.		8 <input type="checkbox"/> INTERFAC		2 <input type="checkbox"/> Haines 5 <input type="checkbox"/> None		2 <input type="checkbox"/> RESIDENCE 5 <input type="checkbox"/> AGRICULTURAL		
5 <input type="checkbox"/> Unemployed 5 <input type="checkbox"/> Other			10 <input type="checkbox"/> EMS TRANSFER		9 <input type="checkbox"/> OTHER		3 <input type="checkbox"/> Abtage 5 <input type="checkbox"/> Unin.		3 <input type="checkbox"/> INDUSTRIAL 6 <input type="checkbox"/> OTHER		
PRELIMINARY IMPRESSIONS (MARK NO MORE THAN 4) (126-127)			PRIMARY IMPRESSION (128-140)		TREATMENT PROCEDURES (141-174)		01 <input type="checkbox"/> Dressing Applied		07 <input type="checkbox"/> Oxygen Given		
003 <input type="checkbox"/> Seizure 024 <input type="checkbox"/> Multitrauma/Shock 074 <input type="checkbox"/> Respiratory Distress			01 <input type="checkbox"/> Dressing Applied		07 <input type="checkbox"/> Oxygen Given		02 <input type="checkbox"/> Limb Splinted		08 <input type="checkbox"/> Suction Used		
004 <input type="checkbox"/> Diabetic 030 <input type="checkbox"/> Head Injury 080 <input type="checkbox"/> Coronary Problems			02 <input type="checkbox"/> Limb Splinted		08 <input type="checkbox"/> Suction Used		03 <input type="checkbox"/> Spine Immobilized		09 <input type="checkbox"/> Antishock Trousers		
011 <input type="checkbox"/> Abrasion/Contusions 032 <input type="checkbox"/> Spinal Injury 083 <input type="checkbox"/> Cardiac Arrest			03 <input type="checkbox"/> Spine Immobilized		09 <input type="checkbox"/> Antishock Trousers		04 <input type="checkbox"/> Neck Immobilized		10 <input type="checkbox"/> Airway Maintained		
013 <input type="checkbox"/> Laceration 064 <input type="checkbox"/> Stroke			04 <input type="checkbox"/> Neck Immobilized		10 <input type="checkbox"/> Airway Maintained		05 <input type="checkbox"/> OB Assistance		11 <input type="checkbox"/> Antishock Treatment		
023 <input type="checkbox"/> Fracture 051 <input type="checkbox"/> G.I. Problems			05 <input type="checkbox"/> OB Assistance		11 <input type="checkbox"/> Antishock Treatment		06 <input type="checkbox"/> Oral Airway Used		12 <input type="checkbox"/> Artificial Resp.		
HCFA CODES (175-180)			ADVANCED PROCEDURES (190-223)		DRUGS USED (226-241)		07 <input type="checkbox"/> Cardiac Massage		13 <input type="checkbox"/> Bleeding Controlled		
1 <input type="checkbox"/> Head			1. <input type="checkbox"/> EKG Monitored		DRUG DOSE TIME		14 <input type="checkbox"/> Bleeding Controlled		15 <input type="checkbox"/> Cold Application		
2 <input type="checkbox"/> Face			2. <input type="checkbox"/> First Defib Attempted		DRUG DOSE TIME		15 <input type="checkbox"/> Cold Application		16 <input type="checkbox"/> Patient Restrained		
3 <input type="checkbox"/> Neck			3. <input type="checkbox"/> Second Defib Attempted		DRUG DOSE TIME		16 <input type="checkbox"/> Patient Restrained		17 <input type="checkbox"/> Other (Use Comments)		
4 <input type="checkbox"/> Chest			4. <input type="checkbox"/> Third Defib Attempted		DRUG DOSE TIME		17 <input type="checkbox"/> Other (Use Comments)		18 <input type="checkbox"/> Ventilator		
5 <input type="checkbox"/> Abdomen			5. <input type="checkbox"/> Intubated		DRUG DOSE TIME		18 <input type="checkbox"/> Ventilator				
6 <input type="checkbox"/> Hip/Pelvis			6. <input type="checkbox"/> External Pacing		DRUG DOSE TIME						
7 <input type="checkbox"/> Upper Ext.			7. <input type="checkbox"/> Blood Drawn		DRUG DOSE TIME						
8 <input type="checkbox"/> Lower Ext.			8. <input type="checkbox"/> IV Started/Gauge		DRUG DOSE TIME						
9 <input type="checkbox"/> Back			9. <input type="checkbox"/> IV Started/Gauge		DRUG DOSE TIME						
			10. <input type="checkbox"/> IV Attempted Total		DRUG DOSE TIME						
			11. <input type="checkbox"/> Intraosseous Inf.		DRUG DOSE TIME						
			12. <input type="checkbox"/> Automatic Defib		DRUG DOSE TIME						
			13. <input type="checkbox"/> Patient Assisted Meds		DRUG DOSE TIME						
			14. <input type="checkbox"/> PLEURAL DECOMPRESSION		DRUG DOSE TIME						
			15. <input type="checkbox"/> RSI		DRUG DOSE TIME						
			16. <input type="checkbox"/> LMA		DRUG DOSE TIME						
			17. <input type="checkbox"/> CTRIO		DRUG DOSE TIME						
			18. <input type="checkbox"/> DEXTROSE BGL		DRUG DOSE TIME						
			19. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			20. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			21. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			22. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			23. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			24. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			25. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			26. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			27. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			28. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			29. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			30. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			31. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			32. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			33. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			34. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			35. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			36. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			37. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			38. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			39. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			40. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			41. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			42. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			43. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			44. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			45. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			46. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			47. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			48. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			49. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			50. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			51. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			52. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			53. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			54. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			55. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			56. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			57. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			58. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			59. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			60. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			61. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			62. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			63. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			64. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			65. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			66. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			67. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			68. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			69. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			70. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			71. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			72. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			73. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			74. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			75. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			76. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			77. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			78. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			79. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			80. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			81. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			82. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			83. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			84. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			85. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			86. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			87. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			88. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			89. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			90. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			91. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			92. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			93. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			94. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			95. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			96. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			97. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			98. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			99. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			100. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			101. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			102. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			103. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			104. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			105. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			106. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			107. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			108. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			109. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			110. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			111. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			112. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			113. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			114. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			115. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			116. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			117. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			118. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			119. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			120. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			121. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			122. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			123. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			124. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			125. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			126. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			127. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			128. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			129. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			130. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			131. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			132. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			133. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			134. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			135. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			136. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			137. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			138. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			139. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			140. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			141. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			142. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			143. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			144. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			145. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						
			146. <input type="checkbox"/> IV VOLUME		DRUG DOSE TIME						
			147. <input type="checkbox"/> SOLUTION		DRUG DOSE TIME						
			148. <input type="checkbox"/> RATE		DRUG DOSE TIME						
			149. <input type="checkbox"/> IV TIME		DRUG DOSE TIME						

PROCUREMENT PREFERENCES FOR SOUTH CAROLINA VENDORS AND PRODUCTS

South Carolina Resident Vendor Preference

This following information explains the actions to be taken when applying for the South Carolina resident vendor preference.

Resident vendor as defined by Section 11-35-1524 of the SC Consolidated Procurement Code: A vendor is considered to be a resident of this State if the vendor is:

- (a) an individual, partnership, association, or corporation that is authorized to transact business within the State,
- (b) maintains an office in the State,
- (c) maintains an inventory for expendable items which are representative of the general type of commodities on which the bid is submitted and located in South Carolina at the time of the bid having a total value of ten thousand dollars or more based on the bid price, but not to exceed the amount of the contract, or is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina and the product is made or processed from raw materials into a finished end product by such manufacturer or an affiliate (as defined in Section 1563 of the Internal Revenue Code) of such manufacturer, and
- (d) has paid all assessed taxes.

TO MAKE CLAIM FOR THIS PREFERENCE IN THE AWARD OF THIS BID, THE PERSON SIGNING THE BID MUST PLACE THEIR INITIALS HERE: _____

*ADDRESS & PHONE NUMBER OF S.C. OFFICE. (MUST BE COMPLETED IF MAKING CLAIM)

PHONE# _____

SOUTH CAROLINA/UNITED STATES PRODUCT PREFERENCE

(Product preference does not apply to services.)

By signing bid and checking the appropriate space(s) provided and **identified on the bid pricing schedule**, vendor certifies that the end-product(s) as shown in this bid are either made, manufactured or grown in South Carolina or the United States.

EXCEPTIONS TO PREFERENCES

Exceptions. This section shall not apply (1) to any procurements conducted under Article 9 of the Code, (2) to any prime contractor or subcontractor providing materials or services relating to permanent improvements to real estate, (3) to any solicitation, bid, offer, or procurement when the price of a single unit of the end-product is more than \$30,000 whether or not more than one unit is bid or offered, (4) to any solicitation, bid, offer or procurement where the contract award is less than \$10,000, or (5) to any solicitation conducted under Section 11-35-1530 of the Code.

INSTRUCTIONS TO BIDDERS

DISCUSSIONS AND NEGOTIATIONS: By submission of a quotation, bidder agrees that during the period following issuance of this solicitation and prior to notification of intent or award of a contract, the bidder shall not discuss this procurement with any party except members of the DHEC Procurement Division or other parties designated in this solicitation. Bidder shall not discuss or attempt to negotiate with the using area or program any aspects of the procurement without prior approval of the DHEC Procurement Division Buyer responsible for the procurement. Infractions may result in rejection of the violator's quotation.

- 1) By submission of a bid, you are certifying that your company has not been debarred or suspended under OMB circular A-133 Compliance Supplement or otherwise from doing business in the State of South Carolina.
- 2) Unless otherwise required herein, only one signed copy of the Request for Quotation is required.
- 3) Quotations "faxed" directly to the DHEC Procurement Office are acceptable unless otherwise stated in this package.
- 4) Quotations, amendments thereto or withdrawal request must be received by the time advertised for bid closing. It is the bidder's sole responsibility to insure that these documents are received by the person (or office) at the time indicated in this solicitation document. Any withdrawal request received after the time of the bid closing shall be governed by State Regulation 19-445.2085.
- 5) When specifications or descriptive papers are submitted with the RFQ submission, enter bidder's name thereon.
- 6) Submit your signed RFQ on this form.
- 7) Bidders must clearly mark as "CONFIDENTIAL" each part of their quotation which they consider to be proprietary information that could be **exempt from disclosure** under Section 30-4-40, Code of Laws of South Carolina 1976 (1986 Cum. Supp.; Freedom of Information Act). If any part is designated as confidential, there must be attached to that part an explanation of how this information fits within one or more categories listed in Section 30-4-40. DHEC reserves the right to determine whether this information should be exempt from disclosure and no legal action may be brought against the State, DHEC or its agents for its determination in this regard.
- 8) By submission of a quotation, you are guaranteeing that all goods and services meet the requirements of this solicitation during the contract period.
- 9) **Tie quotations** will be resolved as outlined in section 11-35-1520(9) of the South Carolina Consolidated Procurement Code.
- 10) **Taxes:** Prices are to be exclusive of all sales, use and like taxes.
- 11) **Correction of errors on this RFQ form:** All prices and notations should be printed in ink or typewritten. Errors should be crossed out, corrections entered and initialed by the person signing the quotation. Erasures or use of typewriter correction fluid may be cause for rejection. No quotation shall be altered or amended after the time specified for the bid closing.
- 12) **Ambiguous quotations** which are uncertain as to terms, delivery, quantity or compliance with this solicitation may be rejected or otherwise disregarded.
- 13) **Failure to respond** to three consecutive RFQs may result in removal of bidder's name from the mailing list.

GENERAL PROVISIONS

- 14) **Unit prices** will govern over extended prices unless otherwise stated in this solicitation.
- 15) **Prohibition of Gratuities:** Amended section 8-13-420 of the 1976 Code of Laws of South Carolina States: "Whoever gives or offers to any public official or public employee any compensation, including a promise of future employment, to influence his action, vote, opinion or judgment as a public official or public employee or such public official solicits or accepts such compensation to influence his action, vote, opinion or judgement shall be subject to the punishment as provided by Section 16-9-210 and Section 16-9-220. The provisions of this section shall not apply to political contributions unless such contributions are conditioned upon the performance of specific actions of the person accepting such contribution nor shall they prohibit a parent, grand-parent or relative from making a gift to a child, grandchild, or other close relative for love and affection except as hereafter provided".
- 16) **Bidder's Qualification:** Bidders must, upon request of DHEC, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these specifications. DHEC reserves the right to make the final determination as to the bidder's ability to provide the products or services requested herein.
- 17) **Bidder's Responsibility:** Each bidder shall fully acquaint himself with conditions relating to the scope and restrictions attending the execution of the work under the conditions of this solicitation. It is expected that this will sometimes require on-site observation. The failure or omission of a bidder to acquaint himself with existing conditions shall in no way relieve him of any obligation with respect to this quotation or to the subsequent contract.
- 18) **Amendments:** All amendments to and interpretations of this solicitation shall be in writing from the DHEC Procurement Office. Neither DHEC or the Procurement Officer shall be legally bound by any amendment or interpretation that is not in writing.
- 19) **Award Criteria:** Awards shall be as indicated herein to the lowest responsible and responsive bidder whose bid meets the requirements and criteria set forth in this solicitation. Award may take longer than fourteen days. A copy of the award notice should be posted on the Procurement Bulletin Board located at 2600 Bull Street in the Aycock Building directly across from the Personnel Division and next to the Bureau of Business Management's Procurement Services Division.
- 20) **Rejection:** (In accordance with Regulation: 19-445-2070) DHEC reserves the right to reject any bid: (1) which fails to

conform to the essential requirements of the invitation for bid; (2) alternate bids which do not conform to the specifications contained or referenced in the invitation for bid; (3) which fails to conform to the delivery schedule; (4) when the bidder attempts to impose conditions which would modify requirements of the invitation for bid or limit his liability to the State; (5) if the procurement officer determines in writing that it is unreasonable as to price; (6) when a bid guarantee is required and a bidder fails to furnish; (7) which is unsigned.

- 21) **Competition:** This solicitation is intended to promote competition. If the language, specifications, terms and conditions, or any combination thereof restricts or limits the requirements in this solicitation to a single source, it shall be the responsibility of the interested bidders to notify the DHEC Procurement Office in writing so as to be received five days prior to the closing date. Notification may be "faxed" to the DHEC Procurement Office, (803) 898-3505. The solicitation may or may not be changed but a review of such notification will be made prior to award.
- 22) **Order of Precedence:** In the event of inconsistency between provisions of this solicitation, the inconsistency shall be resolved by giving precedence in the following order; (1) the bidding schedule, (2) general provisions and general conditions, (3) instruction to bidders, (4) special provisions or special conditions of the contract whether incorporated by reference or otherwise, and (5) the specifications.

GENERAL CONDITIONS

- 23) **Contract Administration:** Questions or problems arising after award of this solicitation/contract shall be directed to the DHEC Procurement Office, 2600 Bull Street, Columbia, SC, 29201-1708. Reference the solicitation and contract number.
- 24) **Default:** In case of default by the contractor, DHEC reserves the right to purchase any or all items in default in the open market, charging the contractor with any additional costs. The defaulting contractor shall not be considered a responsible bidder until the assessed charge has been satisfied.
- 25) **Force Majeure:** The contractor shall not be liable for any excess costs if the failure to perform the contract arises out of causes beyond the control and without the fault or negligence of the contractor. Such causes may include, but are not restricted to, acts of God or the public enemy, acts of the Government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather. But in every case the failure to perform must be beyond the control and without the fault or negligence of the contractor. If the failure to perform is caused by default of a subcontractor, and if such default arises out of causes beyond the control of both the contractor and subcontractor, and without the fault or negligence of either of them, the contractor shall not be liable for any excess costs for failure to perform, unless the supplies or services to be furnished by the subcontractor were obtainable from other sources in sufficient time to permit the contractor to meet required delivery schedule(s).
- 26) **Save Harmless:** (This General Condition does not apply to solicitations for service requirements). The successful bidder shall indemnify and save harmless the State of South Carolina and DHEC and all its officers, agents and employees from all suits or claims of any character brought by reason of infringing on any patent, trade mark or copyright. The bidder shall have no liability to DHEC if such patent, trade mark or copyright infringement or claim is based upon the bidder's use of material furnished to the bidder by the State.
- 27) **Publicity Releases:** By submission of a quotation, the contractor agrees not to refer to award of this contract in commercial advertising in such a manner as to state or imply that the products or services provided are endorsed or preferred by DHEC or user.
- 28) **Tax Credit Availability:** Bidders interested in income tax credit availability by subcontracting with Certified Minority Firms should contact the Office of Minority Business Assistance, 1205 Pendleton Street, Columbia, SC, 29201. (803-734-0564)
- 29) **Affirmative Action:** The successful bidder will take affirmative action in complying with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, without regard or discrimination by reason of race, color, religion, sex, national origin or physical handicap.
- 30) **Assignment:** Unless otherwise indicated in this solicitation, no contract or its provisions may be assigned, sublet, subcontracted, or transferred without the prior written consent of the DHEC Procurement Office.
- 31) **Termination:** Any contract resulting from this solicitation may be terminated by DHEC by providing a thirty day advance notice in writing to the successful contractor.
- 32) **Non-Appropriations:** Any contract entered into by DHEC resulting from this solicitation shall be subject to cancellation without damages or further obligation when funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period or appropriated year.
- 33) **Convenience:** In the event that this contract is terminated or canceled upon request and for the convenience of DHEC without the required thirty days advance written notification, then DHEC shall negotiate reasonable applicable termination costs.
- 34) **Cause:** Any contract resulting from this solicitation may be terminated without advance notice by DHEC for cause, default or negligence on the part of the successful contractor.
- 35) **S.C. Law Clause:** Upon award of a contract under this quotation, the person/partnership, association or corporation to whom the award is made must comply with the laws of South Carolina which require such person or entity to be authorized and/or licensed to do business with this State. Notwithstanding the fact that applicable statutes may exempt or exclude the successful bidder from requirements that it be authorized and/or licensed to do business in this State. By submission of a quotation, the bidder agrees to subject himself to the jurisdiction and process of the courts of the State of South Carolina as to

all matters and disputes arising or to arise under the contract and the performance thereof, including any questions as to the liability for taxes, licenses or fees levied by the State of South Carolina.

- 36) **Quality of Product:** (This general condition does not apply to solicitations for printing or service requirements). Unless otherwise indicated in this solicitation, it is understood and agreed that any item offered or shipped as a result of this solicitation shall be new and in first class condition, that all containers shall be new and suitable for storage or shipment, and that prices include standard commercial packaging. For information technology procurements as defined in Section 11-35-310 of the SC Procurement Code, if items that are other than new (i.e., remanufactured or refurbished) are desired to be bid, the bidder must obtain written permission to bid such items at least five days in advance of the RFQ closing date. Written permission must be obtained from the DHEC Procurement Office.
- 37) **Compliance with Federal Requirements:** S.C. State or Federal requirements that are more restrictive shall be followed in bidding, awarding and performance of this contract.
- 38) **Drug-Free Workplace:** Required by Section 44-107-10 (Drug Free Work-Place Act) of the SC Code of Laws, 1976, as amended. By submission of a quotation, the bidder certifies that he will comply with all aspects of the Drug-Free Workplace Act and will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract. This certification also applies to any individual or firm employed by the contractor.
- 39) **Confidentiality Policy:** The successful contractor agrees to abide by DHEC's policy of confidentiality which states in part that all information as to personal facts and circumstances given or made available to employees and/or contractors of DHEC in administration of programs shall be held confidential and shall not be divulged without the express written consent of the individual(s) to which it pertains.
- 40) **Item Substitution:** No substitution of items will be allowed on any purchase made from the awarded contract without written permission from the DHEC Procurement Office.
- 41) **Outside Contractor Program:** If applicable to scope of contract, contracted employees working on DHEC properties are entitled to information about hazardous chemicals present at DHEC; and DHEC's personnel are entitled to information about hazardous chemicals brought to the facilities by contractors. In order to assure continued compliance with the Hazard Communication Standards while contractors are on DHEC property and to control potential compliance obligations under the Superfund Amendments and Re-authorization Act, it is DHEC's policy to:
- a. Obtain written assurance that the contractor's employees have been trained to understand the hazards of the chemicals at DHEC and how to use appropriate personal protective equipment. All personal protective equipment and training required for the contractor's employees will be provided by the contractor at the contractor's expense. (This includes SC State General Services employees).
 - b. Require the contractor to notify the DHEC Bureau of Business Management or the appropriate DHEC unit Director when introducing hazardous chemicals into DHEC work areas, which may harmfully expose DHEC employees. If the contractor is introducing such hazardous chemicals into any DHEC facility or onto DHEC property, the contractor shall provide the DHEC Division of Procurement Services or the DHEC unit Director copies of the Material Safety Data Sheets (MSDS) for those chemicals. The DHEC Division of Procurement Services or the DHEC unit Director should provide appropriate information to the DHEC employees before the contractor(s) enter any DHEC facility with chemicals.
 - c. DHEC reserves the right to refuse to allow any contractor to bring any chemical onto DHEC property. DHEC also reserves the right to refuse to allow any contractor to bring certain quantities of chemicals on DHEC property.
- 42) Any written assurances, MSDS's or correspondence required must be submitted prior to beginning any aspect of the contract.
- 43) **Travel:** As applicable, reimbursement to contractors for travel expenses will be made in accordance with regulations established for State employee travel and in accordance with guidelines established by DHEC.

SPECIAL PROVISIONS

- 44) **FOB Destination:** All deliveries shall be FOB Destination. It is agreed by the parties hereto that delivery by the contractor to the common carrier does not constitute delivery to the State. Any claim for loss or damage shall be between the contractor and the carrier. Quotations received otherwise may be subject to rejection.
- 45) **Shipping/Delivery Charges:** Unless otherwise indicated in the "Special Conditions", any applicable shipping, delivery, assembly or installation charges are to be indicated on the bidding schedule herein.
- 46) **Specifications:** The specifications listed herein are not to be considered restrictive to one source of supply. However, items offered must be equal in quality and performance. The bidder to include with his quotation supporting product data sufficient for DHEC to determine equality and acceptability. DHEC reserves the right to reject any offering in which the items offered are considered unsatisfactory in any manner. DHEC will determine if minor deviations from the listed features or performance are acceptable.
- 47) **Confidentiality:** The Contractor and all contracting employees shall not discuss, disclose, release, divulge or otherwise communicate, any confidential information as to personal facts and circumstances observed or overheard while performing work pursuant to this contract. The Contractor and all contracting employees, their agents, personal representatives and assigns, shall be fully liable and accountable for any resulting damage or injury to any person, institution or DHEC.